

# Shiawassee Township Employment Application

Shiawassee Township, P.O. Box 86, Bancroft, MI 48414  
 Township Hall 3719 Grand River Road, Bancroft  
 Phone 989-634-9700 Fax 989-634-5689  
 Email: [Shiatwpfd@outlook.com](mailto:Shiatwpfd@outlook.com)

*Shiawassee Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.*

<b>Position applied for:</b>		<b>Date of Application:</b>	
<b>Date you can start:</b>			
<b><i>Please note that this application will only remain active for 3 months, after which the application would need to re-apply.</i></b>			
<b>Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Social Security #</b>
<b>Present Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone: Home</b>	<b>Work</b>	<b>Cell</b>	
<b>Are you 18 years or older?</b>  Yes      No	<b>Are there any hours or days of the week you cannot work? If so, when?</b>		
<b>Salary desired</b>	<b>Type of Employment</b> Full-time      Part-time		
<b>Are you employed now?</b>	<b>May we contact your present employer?</b>		
<b>Have you ever applied to Shiawassee Township before?</b>  Yes      No			
<b>Under what name?</b>		<b>When?</b>	
<b>Are you able to perform the essential functions of the position you are applying for, either with or without accommodation?</b>  Yes      No			

**Please read the following statement carefully before signing to indicate your understanding:**

**I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Shiawassee Township employer prior to the administration of the test so that a reasonable accommodation can be made. The Shiawassee Township employer reserves the right to require medical documentation regarding the need for accommodation.**

**I further understand that I will be required to take a drug/alcohol test prior to being employed and that cooperating in the administration of this test and passing it are conditions for employment.**

**I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements or omitted information on this application may result in termination.**

**I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and employers, except those specifically excepted\*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.**

**I agree that any action or suit against the Shiawassee Township employer arising out of my employment or termination of employment, including, but not limited to, claims arising under state and federal civil rights statutes, must be brought within 182 days of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*Employers specifically excepted:** \_\_\_\_\_

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**For Employer Use Only**

**Interviewed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Hire:** \_\_\_\_ Yes \_\_\_\_ No

**Starting Date:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Wage:** \_\_\_\_\_

**EDUCATION:**

	Name and Address of School	# of years attended	Did you Graduate?	Subject/ Major
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? \_\_\_\_\_ Date entered: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Date discharged: \_\_\_\_\_ Honorably? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? \_\_\_\_ Yes \_\_\_\_ No  
(The response to this question will be considered in the context of its job-relatedness only.)

If so, please state citation, date and place where offense occurred. \_\_\_\_\_

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Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

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**REFERENCES: Three individuals not related to you, whom you have known for at least one year:**

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

**EMERGENCY CONTACT**

<b>Name:</b>	<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Cell phone #:</b>	<b>Home phone #:</b>	<b>Relationship</b>		

**CURRENT AND MOST RECENT FORMER EMPLOYERS: (Most recent one first)**

DATE MONTH/ YEAR	NAME, ADDRESS AND PHONE # OF EMPLOYER	SALARY STARTING / ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING	WHAT DID YOU LIKE ABOUT THIS JOB?	WHAT DID YOU DISLIKE ABOUT THIS JOB?
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						

May we contact the employers listed?  Yes  No

If not, which one(s)? \_\_\_\_\_